**[To be printed and signed by Insured]**

To: Chrysalis Insurers

Capitalized terms in this Disclosure Representation shall have the respective meanings assigned to them in the Policy, or as defined below.

On behalf of all Insureds, in my capacity as an authorized representative of the Principal Insured, I acknowledge that this Disclosure Representation is required to be provided in relation to and will form part of an Operability Policy to be issued by the Insurers, and I hereby declare as follows:

1. We have read and understand the provisions of the Policy.
2. We have provided the following “Underwriting Information” documents to Insurers:

Per Declaration 14 a).

1. We do not have Actual Knowledge of any other fact that reduces the reasonably expected level of Operability Measure during the Policy Period from that justified by the Underwriting Information. Actual Knowledge means actual personal knowledge of per Declaration 14 b); for the avoidance of doubt, Actual Knowledge does not include constructive or imputed knowledge nor does it include any actual, constructive or imputed knowledge of any advisor or agent of the Insured.
2. We have not withheld from Insurers any information available to us requested by them.
3. We acknowledge that the Policy provides to treat Daily Shortfall as Expected Shortfall if proved by the Insurers to result from any fact that conflicts with the Underwriting Information referred to in paragraph 2 above or whose non-disclosure constitutes breach of paragraph 3 above.
4. We acknowledge that the provision referred to in paragraph 5 above may erase or reduce indemnity for loss otherwise payable by the Policy. To any extent that this provision constitutes a “disadvantageous term” under Sections 16 and 17 of the Insurance Act 2015 we accept that the Insurers have complied to our satisfaction with the transparency requirements set out in paragraphs (2) and (3) of Section 17.

Sign Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_